

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

RICHARD JOSEPH CRANE

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-04620 JF

V.

D. AMBRIZ, ET AL

TO:

CORRECTIONAL SERGEANT D. GALLOWAY
SALINAS VALLEY STATE PRISON

31625 HWY 101

P.O. BOX 1050

SOLEDAD, CA 93960

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY

RICHARD J. CRANE C-44519
SALINAS VALLEY STATE PRISON
31625 HWY 101
P.O. BOX 1050
SOLEDAD, CA 93960

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Winking

CLERK

March 7, 2008

DATE

Gordana Macic

Gordana Macic

(BY) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF RICHARD JOSEPH CRANE	COURT CASE NUMBER C07-04620 JP
DEFENDANT D. AMBRIZ, ET AL	TYPE OF PROCESS SEE BELOW
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN D. GALLOWAY, CORRECTIONAL SERGEANT SALINAS VALLEY STATE PRISON
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 HWY 101; P.O. BOX 1050 SOLEDAD, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

RICHARD J. CRANE C-44519
SALINAS VALLEY STATE PRISON
31625 HWY 101; P.O. BOX 1050
SOLEDAD, CA 93960

Number of process to be
served with this Form - 285**2**Number of parties to be
served in this case**6**Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

- 1. SUMMONS AND COMPLAINT**
- 2. ORDER OF SERVICE**

Signature of Attorney or other Originator requesting service on behalf of:

CORDANA MACIC☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

408-535-5382

DATE

3/11/2008**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
	am
	pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: